2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM DOCUMENT # P96000043551 **Secretary of State** 1. Entity Name T. BÉATTIE ENTERPRISES, INC. Principal Place of Business Mailing Address 7208 ALOMA AVENUE 7208 ALOMA AVENUE **STE 300** STE 300 WINTER PARK, FL 32792 WINTER PARK, FL 32792 CR2E034 (10/03) 01072005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3378758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEATTIE, RICHARD DO NOT WRITE 7208 ALOMA AVENUE #300 IN THIS SPACE WINTER PARK, FL 32792 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Đ BEATTIE, RICHARD L NAME 1220 FLOWING CREEK WAY STREET ADDRESS CITY-ST-ZIP OSTEEN, FL 32764 TOTLE U00000184856 NAME 01/20/05-60046-015 158.75 STREET ADDRESS CATY - ST - 71P THE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE NAME STREET ADDRESS CMY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receipter or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all after like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #